

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101632653

FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	
15		25		40	
26		26		52	

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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	

BEST AVAILABLE COPY